



CMS

Illinois Department of
**Central
Management
Services**

FY 2014

BENEFIT CHANGES/COMPARISONS

HMO Health Plans

COPAYMENTS	FY 2013	FY 2014
Office Visit (PCP)	\$15	\$18
Office Visit (Specialist)	\$20	\$25
Home Health Visit	\$20	\$25
Inpatient	\$275	\$325
Outpatient	\$175	\$225
Emergency Room	\$200	\$225
PRESCRIPTIONS	FY 2013	FY 2014
Deductibles	\$50	\$75
Copayment Generic (30 day supply)	\$10	\$8
Copayment Preferred Brand (30 day supply)	\$24	\$26
Copayment Non-preferred Brand (30 day supply)	\$48	\$50
Copayment mail order 90 day supply (Generic)	Varied	\$20
Copayment mail order 90 day supply (Preferred)	Varied	\$65
Copayment mail order 90 day supply (Non-Preferred)	Varied	\$125

Open Access Plans

TIER I		
COPAYMENTS	FY 2013	FY 2014
Physician Office Visit	\$15	\$18
Specialists Office Visit	\$20	\$25
Home Health Visit	\$20	\$25
Inpatient	\$275	\$325
Outpatient	\$175	\$225
Emergency Room	\$200	\$225
TIER II		
	FY 2013	FY 2014
Annual Plan Deductible	\$200	\$250
Inpatient	90% after \$325 copay	90% after \$375 copay
Outpatient	90% after \$175 copay	90% after \$225 copay
Emergency Room	100% after \$200 copay	100% after \$225 copay
Out-of-Pocket Maximum Individual	\$600	\$900
Out-of-Pocket Maximum Family	\$1,200	\$1,500
TIER III		
	FY 2013	FY 2014
Annual Plan Deductible	\$300	\$350
Physician Office Visit	80%	60%
Specialists Office Visit	80%	60%
Inpatient	80% after \$425 copay	60% after \$475 copay
Outpatient	80% after \$175 copay	60% after \$225 copay
Emergency Room	100% after \$200 copay	100% after \$225 copay
Out-of-Pocket Maximum Individual	\$1,500	\$1,800
Out-of-Pocket Maximum Family	\$3,500	\$3,800
Note: Percentages are based on the allowable charge for covered services.		
PRESCRIPTIONS	FY 2013	FY 2014
Deductibles	\$50	\$75
Copayment Generic (30 day supply)	\$10	\$8
Copayment Preferred Brand (30 day supply)	\$24	\$26
Copayment Non-preferred Brand (30 day supply)	\$48	\$50
Copayment mail order 90 day supply (Generic)	Varied	\$20
Copayment mail order 90 day supply (Preferred)	Varied	\$65
Copayment mail order 90 day supply (Non-Preferred)	Varied	\$125